

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. <b>09491982</b>	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2					1	
3					1	
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14					1	
15					1	
16					1	
17					1	
18					1	
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41						
42						
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
<b>TOTAL IND.</b>					1	
<b>TOTAL DEP.</b>					10	
<b>TOTAL CLAIMS</b>					11	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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99						
100						
<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>						